



TOWN OF UXBRIDGE
BOARD OF HEALTH
TOWN HALL
21 SOUTH MAIN STREET
UXBRIDGE, MASSACHUSETTS 01569

APPLICATION FOR TANNING PERMIT

Date: _____ Fee: \$20.00

Name of Applicant: _____

Address of Applicant: _____

Name of Facility: _____

Address of Facility: _____

Telephone # of Facility: _____

Name of Owner/President: _____

Ultraviolet lamp or tanning device:

1. Manufacturer: _____

2. Model Number: _____ Model Year: _____

3. Serial Number (if avail.): _____

4. Type of device: _____

(If there is more than one, please use additional paper and attach.)

Is this a mobile unit? YES NO

Name and Address of following:

Tanning Device Supplier: _____

Tanning Device Installer: _____

Service Agent: _____

Date of Installation of each tanning device:

Page 2 of Application for Tanning Permit

Other Information required by 105 CMR 123.000

1. A copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.003(D)(2) and (3).
2. A copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.
3. License fee: Uxbridge Board of Health - \$20.00 annually Will be paid upon approval of application and/or renewal.

I have received, read and understood the requirements of 105 CMR 123.000

Signature of Applicant

Date